



LOUISIANA DEPARTMENT OF HEALTH & HOSPITALS

Office of Public Health

Section of Environmental Epidemiology and Toxicology (SEET)

1450 L & A Road, Metairie, LA 70001-6235

www.seet.dhh.louisiana.gov



Use this form to report **cases of pesticide poisoning** to OPH/SEET. Mail form to the above address or fax to (504) 219-4582. For more information call (504) 219-4518 or (888) 293-7020.

PATIENT INFORMATION

Last Name _____	First Name _____	M. Initial _____
Street Address _____	City _____	State _____ Zip _____
() _____	/ / _____	Gender: <input type="checkbox"/> Male
Phone Number _____	Birthdate (month / day / year) _____	<input type="checkbox"/> Female

EXPOSURE & HEALTH INFORMATION

Briefly describe how pesticide exposure occurred & health effects _____

REFERRAL / PHYSICIAN INFORMATION

Person Providing Referral _____	() _____ Referral Phone Number
Referral E-mail _____	
Treating Physician Name _____	Clinic, Hospital or Agency Name _____
Mailing Address _____	City _____ State _____ Zip _____
() _____ Physician / Provider Phone Number	Physician E-mail _____

SPECIMEN INFORMATION

Date Specimen Collected: _____ Lab Name: _____

Cholinesterase:

☐ Blood (Whole "True Cholinesterase") ☐ Blood (Plasma/Serum "Pseudo Cholinesterase")

Cholinesterase test result:

Value: _____ Lab low: _____ Lab high: _____

Metabolites:

☐ Blood ☐ Urine

Value: _____ Metabolite: _____

Unit: _____